

Proposal Form

Bharat Yatra Suraksha, Liberty General Insurance Limited

URN: LT018V12021

<p>GUIDELINES TO FILL THE FORM</p> <ol style="list-style-type: none"> Please answer all the questions completely, in 'Yes' or 'No' wherever asked. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form. 	<p>GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.</p> <p>CONSENT FOR ELECTRONIC DISPATCH OF POLICY PACK</p> <p><input type="checkbox"/> I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorize Liberty General Insurance Limited to provide me Electronic Policy Pack. I understand, subscribing to Electronic</p> <p>Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.</p>
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The acceptance of the proposal is subject to receipt of the total premium and realization of payment will be as per the policy terms and conditions. Kindly fill the form completely in CAPITAL LETTERS to help us to serve you better. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment & medical reports, if applicable, does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance. Coverage is as per the terms and conditions of our Standard Policy Wordings. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

1. PROPOSER DETAILS

Proposer :

Address:

City **State** **Area**

Pin Code

E-Mail :

Mobile: **Telephone:**

Date of Birth: / / (DD/MM/YYYY) **Gender:** M F

Nationality: **Marital Status:**

Annual Income: **Educational Qualification:**

PAN Number:

GSTIN:

Confirmation for Issuance of e-Insurance Policy:

E Insurance account no. _____ . I would like to open E insurance account with _____ Insurance Repository.

2. PROPOSAL DETAILS

Departure Date: / / **Time:** Hr min **Arrival Date:** / / **Time:** Hr min

Plan E - Return Date to Place of Origin/Residence Date: / / **Time:** Hr min

Plan & Cover Details:

Benefits	Range of Sum Insured per person (Rs.)	<input type="checkbox"/> Plan-A	<input type="checkbox"/> Plan-B	<input type="checkbox"/> Plan-C	<input type="checkbox"/> Plan-D	<input type="checkbox"/> Plan-E
Mode of Travel		<input type="checkbox"/> Taxi/Cab <input type="checkbox"/> Bus	<input type="checkbox"/> Taxi/Cab <input type="checkbox"/> Bus	Train Travel	Air Travel	<input type="checkbox"/> Taxi/Cab <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Ship <input type="checkbox"/> Air
Mandatory Benefits						
Hospitalization Expenses due to Accident	Min: Rs. 1Lakh. Max: Rs. 10 lakh <i>Available in Multiples of: Rs. 50,000</i>	Yes	Yes	Yes	Yes	Yes
Accidental Death/ Permanent Total Disability (PTD)/ Permanent Partial Disability (PPD)	Adults: Min: Rs. 1lakh Max: Rs. 1 crore per person. <i>Available in Multiples of: Rs. 50,000</i> For Minors: limited to 25% of Sum Insured or maximum up to Rs. 25 lakh whichever is lower	Yes	Yes	Yes	Yes	Yes
Repatriation Of Mortal Remains	Min: Rs. 20,000 Max : Rs. 1lakh <i>Available in Multiples of: Rs. 10,000</i>	NA	Yes	Yes	Yes	Yes

Automatic trip extension	Available	No	No	No	No	Yes
Optional Benefits						
Compassionate Allowance	Min: Rs. 10,000 Max: Rs. 1 Lakh <i>Available in Multiples of: Rs. 10,000</i>	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Missed Flight Connection	Min: Rs. 2500 Max : Rs. 50000 <i>Available in Multiples of: Rs. 2,500</i>	No	No	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Loss Of Checked-in Baggage (applicable only for air travel)	Min : Rs. 2000 Max : Rs. 20000 <i>Available in Multiples of: Rs. 2,000</i>	No	No	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Trip Delay (applicable only for air travel) (beyond 3 hour)	Min: Rs. 500 Max: Rs. 5000 <i>Available in Multiples of: Rs. 500</i>	No	No	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Carrier Cancellation (applicable only for air travel)	Min: Rs. 2500 Max : Rs. 50000 <i>Available in Multiples of: Rs. 2,500</i>	No	No	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Trip cancellation & Interruption	Min : Rs. 20000 Max : Rs. 100000 <i>Available in Multiples of: Rs. 5,000</i>	No	No	No	No	<input type="checkbox"/> Yes

Details to be captured for travel by Taxi/Cab

Taxi/Cab Service Provider Name: Taxi/Cab Registration No.:

Nominee Address					
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4. MEDICAL HISTORY AND DETAILS

Medical History: Please answer the below mentioned questions in Yes (Y)/No (N). If the answer is Yes, please give details in the table given below. Alternatively attach a separate sheet of paper.

Does any person, proposed to be insured, suffered from/ suffering from any disease/illness /Injury Yes No

If answer to the above question is Yes, please elaborate:

Sr. No.	Name of the Person Proposed to be Insured	Name of the Disease/illness/ injury suffering from	Duration of the disease/illness / injury	Treatment received/ current medication	First treated on	Name of attending doctor/surgeon with address and phone no.	Whether fully cured?
1							
2							
3							
4							
5							
6							

5. Does any person, proposed to be insured consume Alcohol/ Smoke/ Pan masala/ others Yes No

Habits	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
Hard Liquor/Wine/Beer (Please mention quantity per week)					
Smoke (Please mention quantity per day)					
Pan Masala/Gutka (Please mention quantity per day)					
Others (Please mention name & quantity per day)					

Are You or any of the proposed insured(s) applied /covered under any other Domestic Travel Insurance other than Liberty General Insurance Ltd. for the same Travel journey? If Yes, Please provide the details,

Policy No./Proposal No.	Insurer	Sum Insured	Plan

Additional Information about Claims or rejection of your Proposal by Us or any other Insurance Company (if any)

5. PAYMENT DETAILS

7. DECLARATION:

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare that I/we consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.

I/We authorize the company to share information pertaining to my/our proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting and / or claims settlement and with any Governmental and / or Regulatory authority.”

I/We hereby provide my/our consent in accordance with Aadhar Act. 2016 and Prevention of Money Laundering Act and rules/regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my policies held with the company

Date

Signature of Proposer

DECLARATION BY INTERMEDIARY/PROPOSER

I, the intermediary/ proposer hereby declare and confirm that I have explained/understood the features, terms and conditions of the policy and questions contained in the proposal form. I have also explained/understood that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.

IMD name:

Proposer name:

IMD Code:

Proposer sign:

IMD Sign*:

*Stamp in case of Company

DECLARATION IN CASE THE PROPOSER IS ILLITERATE OR PROPOSAL FORM IS IN LANGUAGE OTHER THAN UNDERSTOOD BY PROPOSER

(To be signed by person who has explained the contents of the proposal form to the Proposer)

I, the declarant/proposer hereby declare and confirm that I have explained/understood the contents of the proposal form in _____ language understood by proposer/me and proposer have affixed his/her signature/thumb impression on the proposal form only after understanding the contents thereof.

Declarant's Name:

Signature:

Proposer Name:

Signature/thumb impression

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938) 'No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

8. FOR OFFICE USE ONLY:

Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code:

9. RECEIPT OF ACKNOWLEDGEMENT:

ApplicationNo:

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d	D	m	m	y	Y	y	y
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Date:

We acknowledge with thanks the receipt of your application and amount by Cash/Cheque/Demand Draft/Others _____ of the amount of Rs. _____ dated _____ drawn on _____.

The Company will have no liability until the proposal is accepted by the Company and communicated so to the proposer and on receipt of full premium against the proposal.

Please note the following:

1. This acknowledgment letter confirms only receipt of premium towards insurance policy. Issuance of this receipt neither confirms assumption of risk nor guarantees issuance of policy.
2. Assumption of risk is subject to realization of full premium amount and acceptance of risk in form of issuance of an insurance policy as per underwriting policy of the Company.

Liberty General Insurance Limited,
Unit 1501 & 1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg,Prabhadevi, Mumbai - 400013
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI Reg. No.150, CIN: U66000MH2010PLC269656



3. In case premium is not realized by the company due to any reason, Company shall not be on cover and contract of insurance shall be treated as void ab-initio.
4. In the event of any refund of premium or claim amount being payable under the policy, the same shall be paid directly to the Proposer/Insured/Nominee (as applicable), as per the details mentioned in duly filled proposal form.

Signature of the receiver & office Seal:

Liberty General Insurance Limited

Registered Office: Unit 1501 & 1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg,Prabhadevi, Mumbai - 400013